

Florida Infectious Disease Specialist, Inc.

Patient Satisfactory Survey

Please rate the questions below, in your opinion, from 1-5. One is the least satisfactory and five is the most satisfactory. Your feedback is valuable and allows Florida Infectious Disease Specialist to continue to improve while providing the best possible care. Thank you for your time.

- 1. How easy was it to schedule an appointment with our office?
__1 __2 __3 __4 __5
- 2. Overall, how would you rate the service that you received from the staff at our office?
__1 __2 __3 __4 __5
- 3. Overall, how satisfied or dissatisfied were you with your last visit to our office?
__1 __2 __3 __4 __5
- 4. How satisfied are you with the care provided by your physician?
__1 __2 __3 __4 __5
- 5. How likely are you to recommend our facility to a family member or friend?
__1 __2 __3 __4 __5

Additional comments:
